

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO 2015-22160																			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS			<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH			12/23/15		DAY WED		TIME MILITARY 1234														
CRASH OCCURRED ON				1425 Columbus Ave.				WITHIN THE INTERSECTION OF																							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)									CITY CODE																		
LOG-1		LOG-2		LOC		JUR		FH3		FIL																					
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING			<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>														
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Chin, Susan				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				927 Balsam Wood Lebanon, OH 45036				INSURANCE CO OR AGENT State Farm																	
PHONE NO		513) 932-4780		BIRTH DATE		05/21/74		AGE		41			SEX		F		SOCIAL SECURITY NO		OH		DRIVER'S LICENSE NO		RK251065		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME)				SAME				ADDRESS									PHONE														
VEH YR		2008		MAKE		Honda		MODEL		Odyssey		COLOR		Grey		STYLE		SW		STATE		OH		LICENSE PLATE NO		EMJ 9529		TOWING SERVICE		VEH PED DIR	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8		UNIT NO.		2		NO OF OCCUPANTS				OPERATING		<input type="checkbox"/>		PARKED		<input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Progressive							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Parsons, Kasey N.				ADDRESS				2441 E. Lytle Five Points Centerville, OH				PHONE				513-317-8537											
VEH YR		2011		MAKE		GMC		MODEL		Terrain		COLOR		wht		STYLE		SW		STATE		OH		LICENSE PLATE NO		ESM 2323		TOWING SERVICE		VEH PED DIR	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C		FROM UNIT NO		NAME (LAST, FIRST, MI)		Abt, Andrew		BIRTHDATE		02/21/49		AGE		66		SEX		M		POSITION		A B C D E F		INJURIES		A B C D E F					
D		FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A B C D E F			
E		FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A B C D E F			
F		FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				P-PEDESTRIAN		RESTRAINTS		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A B C D E F			
A		B		C		INJURED TAKEN TO		By												A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A B C D E F					
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A		B		C		OFFENSE CHARGED AND DESCRIPTION		By												A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL		A B C D E F					
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RECEIVED CALL		1234		DISPATCHED		1236		ARRIVED		1244		CLEARED		1250		OTHER TIME		30		TOTAL MINUTES		36		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		DRUGS		A B C D E F			
DATE REPORT FILED		12/23/15		PHOTOS		YES		OFFICER'S NAME		Ptl. Brock		BADGE NO.		126		CHECKED BY				A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		DRUGS		A B C D E F					